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	B22C ((Official	Form 22C) (Chap	ter 13	((12/10)
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In re	Margaret Denise Howe	According to the calculations required by this statement:
~	Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu		☐ The applicable commitment period is 5 years.
	(If known)	\square Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

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	Par	t I.]	REPORT OF IN	ICC	OME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
1	- ** *								
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.								
	All figures must reflect average monthly income red			Column A		Column B			
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.								
									Spouse's Income
	•		•				Income		Income
2	Gross wages, salary, tips, bonuses, overtime, con	nmis	sions.			\$	800.00	\$	
	Income from the operation of a business, profess								
	enter the difference in the appropriate column(s) of								
	profession or farm, enter aggregate numbers and pr number less than zero. Do not include any part of								
3	a deduction in Part IV.		business empens		sitered on Line 5 ds				
			Debtor		Spouse				
	a. Gross receipts	\$	0.00						
	b. Ordinary and necessary business expenses	\$	0.00			Φ.	2.22	Φ.	
	c. Business income	•	otract Line b from			\$	0.00	\$	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in								
	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.								
4	part of the operating enpended entered on Line of		Debtor	1	Spouse				
	a. Gross receipts	\$	0.00	0 \$					
	b. Ordinary and necessary operating expenses	\$	0.00						
	c. Rent and other real property income	Su	btract Line b fron	n L	ine a	\$	0.00	\$	
5	Interest, dividends, and royalties.						0.00	\$	
6	Pension and retirement income.					\$	0.00	\$	
	Any amounts paid by another person or entity, o								
7	expenses of the debtor or the debtor's dependents, including child support paid for that								
	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is								
	listed in Column A, do not report that payment in Column B.				\$	0.00	\$		
	Unemployment compensation. Enter the amount i	n the	e appropriate colu						
	However, if you contend that unemployment compensation received by you or your spouse was a								
8	benefit under the Social Security Act, do not list the amount of such compensation in Column A								
	or B, but instead state the amount in the space belo	w:	I		1				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	0.00	יוסח	se.\$	d.	0.00	ф	
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$				~~	\$	0.00	Э	

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Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or 9 payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse \$ a. 0.00 Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 10 800.00 in Column B. Enter the total(s). Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter 11 800.00 the total. If Column B has not been completed, enter the amount from Line 10, Column A. Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD 12 Enter the amount from Line 11 800.00 Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments 13 on a separate page. If the conditions for entering this adjustment do not apply, enter zero. \$ Total and enter on Line 13 0.00 14 Subtract Line 13 from Line 12 and enter the result. 800.00 Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and 15 enter the result. 9.600.00 **Applicable median family income.** Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) 16 a. Enter debtor's state of residence: MS b. Enter debtor's household size: 35.505.00 **Application of § 1325(b)(4).** Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the 17 top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME 18 Enter the amount from Line 11. 800.00 Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a 19 separate page. If the conditions for entering this adjustment do not apply, enter zero. \$ \$ Total and enter on Line 19. 0.00 20 Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 800.00 B22C (Official Form 22C) (Chapter 13) (12/10)

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.							\$	9,600.00
22	Applicable median family income. Enter the amount from Line 16.								35,505.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deternable." ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is a 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete P								ined under §
		Part IV. Ca	ALCULATION ()F I	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ıdar	ds of th	e Internal Reve	enue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar n Line 24A the "Total" ama able number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National and this information is availate number of persons is the	Stand ble at e nun	ards for www.unber that	Allowable Living sdoj.gov/ust/ or from two uld currently be two uld currently be the same and the same areas and the same areas are same areas and the same areas are same are same areas are same are same areas are same are same areas are same are same areas are same are same areas	Expenses for the om the clerk of the e allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b1. Number of persons D2. Number of persons								
	c1.	Subtotal		c2.	Subtot	al —————		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards; housing and utilities; adjustment. If you contend that the process set out in Lines 25A and						\$		
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							\$	

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27A

27B

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	Local Standards: transportation; vehicle operation/public transexpense allowance in this category regardless of whether you pay tregardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expincluded as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" at Transportation. If you checked 1 or 2 or more, enter on Line 27A Standards: Transportation for the applicable number of vehicles in Census Region. (These amounts are available at <a amount="" applicable="" area="" bankruptcy="" clerk="" costs"="" court.)="" expense.="" expenses<="" from="" href="https://www.usdoj.gov/ususususususususususususususususususus</td><td>he expenses of operating a vehicle and enses or for which the operating expenses are 10 1 2 or more. mount from IRS Local Standards: the " if="" irs="" local="" metropolitan="" of="" operating="" or="" pay="" st="" statistical="" td="" the="" tion="" you=""><td>\$</td>	\$						
	your public transportation expenses, enter on Line 27B the "Public Standards: Transportation. (This amount is available at www.usdo ; court.) Local Standards: transportation ownership/lease expense; Vehi	Transportation" amount from the IRS Local sov/ust/ or from the clerk of the bankruptcy	\$					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ \$ Subtract Line b from Line a.	\$					
	Local Standards: transportation ownership/lease expense; Vehithe "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from (available at www.usdoj.gov/ust/ or from the clerk of the bankrupt Monthly Payments for any debts secured by Vehicle 2, as stated in the result in Line 29. Do not enter an amount less than zero.							
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 \$						
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$					
	Other Necessary Expenses: taxes. Enter the total average monthl state, and local taxes, other than real estate and sales taxes, such as security taxes, and Medicare taxes. Do not include real estate or sales.	income taxes, self employment taxes, social	\$					
	Other Necessary Expenses: involuntary deductions for employed deductions that are required for your employment, such as mandate uniform costs. Do not include discretionary amounts, such as verification.	\$						
	Other Necessary Expenses: life insurance. Enter total average m life insurance for yourself. Do not include premiums for insuran any other form of insurance.	\$						
	Other Necessary Expenses: court-ordered payments. Enter the pay pursuant to the order of a court or administrative agency, such include payments on past due obligations included in line 49.		\$					
	Other Necessary Expenses: education for employment or for a the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged deproviding similar services is available.	cation that is a condition of employment and for	\$					
_	Other Necessary Expenses: childcare. Enter the total average me childcare - such as baby-sitting, day care, nursery and preschool.	\$						

Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by

insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not

include payments for health insurance or health savings accounts listed in Line 39.

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37	Other I actually pagers, welfare	\$					
38	Total E	Expenses Allowed under IRS Standards. Enter	r the total of Lines 24 through 37.	\$			
	•	-	onal Living Expense Deductions penses that you have listed in Lines 24-37				
		egories set out in lines a-c below that are reasona	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your				
39	a.	Health Insurance	\$				
	b.	Disability Insurance	\$				
	c.	Health Savings Account	\$				
	Total a	nd enter on Line 39		\$			
	If you obelow:	do not actually expend this total amount, state	your actual total average monthly expenditures in the space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local						
43	Educat actually school document	\$					
44	Additional expense Standar or from reasons	\$					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.						
46	Total A	Additional Expense Deductions under § 707(b)	• Enter the total of Lines 39 through 45.	\$			

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			Subpart C: Deductions for De	ebt]	Payment				
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and								
	a.			\$ T	otal: Add Lines	□yes □no	\$		
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in								
	a.	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount			
						Total: Add Lines	\$		
49	not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the								
50	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b								
51	Tota	\$							
			Subpart D: Total Deductions f	ron	n Income				
52	Tota	l of all deductions from inc	ome. Enter the total of Lines 38, 46, and	51.			\$		
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)									
53	Tota	l current monthly income.	Enter the amount from Line 20.				\$		
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.								
55	wage		s. Enter the monthly total of (a) all amoun ied retirement plans, as specified in § 541(pecified in § 362(b)(19).				\$		
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.								

	Deduction for special circumstances. If there are special there is no reasonable alternative, describe the special If necessary, list additional entries on a separate page. provide your case trustee with documentation of the of the special circumstances that make such expenses	v. ist	
57	Nature of special circumstances a.	Amount of Expense	
	b. c.	\$ \$	1
	d. e.	\$ \$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. result.	Add the amounts on Lines 54, 55, 56, and 57 and enter the	e
59	Monthly Disposable Income Under § 1325(b)(2). Su	ubtract Line 58 from Line 53 and enter the result.	\$
	Part VI. ADDI	TIONAL EXPENSE CLAIMS	
	of you and your family and that you contend should be	nses, not otherwise stated in this form, that are required for e an additional deduction from your current monthly incon es on a separate page. All figures should reflect your avera	ne under §
60	Expense Description	Monthly Amou	nt
	a. b.	\$ \$	_
	c.	\$	_
	d.	\$	
	Total: A	Add Lines a, b, c and d \$	
	Part	VII. VERIFICATION	
61	I declare under penalty of perjury that the information <i>must sign.</i>) Date: February 12, 2013	provided in this statement is true and correct. (If this is a Signature: /s/ Margaret Denise Howard Margaret Denise Howard Denis	we
		(Debtor)	•